

Filing at a Glance

Companies: EMCASCO Insurance Company, Employers Mutual Casualty Company

Product Name: Commercial Interline

SERFF Tr Num: EMCC-125235904 State: Arkansas

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: AR-PC-07-025479

Sub-TOI: 35.0002 Commercial Interline Filings

Co Tr Num: AR-IL-2007-03

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Jo Byers

Disposition Date: 07-24-2007

Date Submitted: 07-17-2007

Disposition Status: Approved

Effective Date Requested (New): 10-15-2007

Effective Date (New): 10-15-2007

Effective Date Requested (Renewal): 10-15-2007

Effective Date (Renewal): 10-15-
2007

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 07-24-2007

State Status Changed: 07-18-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

July 17, 2007

Commissioner of Insurance

Arkansas Insurance Department

1200 West Third St.

Little Rock, AR 72201-1904

SERFF FILING

EMPLOYERS MUTUAL CASUALTY COMPANY 062-21415

EMCASCO INSURANCE COMPANY 062-21407

Commercial Interline Form Filing

IL8539 (10-07) EMC Choice Equipment Dealers Supplemental Questionnaire.

Company File # AR-IL-2007-03

Effective October 15, 2007

The captioned companies are members of Insurance Services Office (ISO) and are submitting an independent Interline form.

Under separate cover, filings for Commercial Property, Commercial Inland Marine, and Commercial Auto are being submitted. With those filings, we are pleased to introduce an optional coverage, available for EMC Choice Equipment Dealers program business only. Our new program will allow us to target the specific equipment dealers for a program market and allow us to compete in the market.

Concurrent the line of business filings we have created an EMC Choice Equipment Dealers Supplemental Questionnaire to be used with our new program. IL8539 (10-07) EMC Choice Equipment Dealers Supplemental Questionnaire. This questionnaire supplements the ACORD applications. It requires information related to Equipment Dealers and contains three sections for General Information, Inland Marine/Property, and Casualty.

We supplement this filing with the \$50.00 filing fee (sent via EFT), Property and Casualty Transmittal Document, and a final printed copy of our form.

We respectfully request your approval of this filing, to be applicable to policies written on or after October 15, 2007.
Thank you.

Jo L. Byers, Filings Analyst
Rates and Filings Dept.
(800) 247-2128 Ext. 2707
jo.l.byers@emcins.com

Company and Contact

Filing Contact Information

Jo Byers, Filings Analyst
PO Box 712
Des Moines, IA 50306-0712

Jo.L.Byers@EMCIns.com
(800) 247-2128 [Phone]
(515) 345-2223[FAX]

Filing Company Information

EMCASCO Insurance Company
717 Mulberry Street
Des Moines, IA 50309
(800) 247-2128 ext. [Phone]

CoCode: 21407
Group Code: 62
Group Name:
FEIN Number: 42-6070764

State of Domicile: Iowa
Company Type: P & C
State ID Number:

Employers Mutual Casualty Company

CoCode: 21415

State of Domicile: Iowa

717 Mulberry Street
Des Moines, IA 50309
(800) 247-2128 ext. [Phone]

Group Code: 62
Group Name:
FEIN Number: 42-0234980

Company Type: P & C
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
EMCASCO Insurance Company	\$0.00	07-17-2007	
Employers Mutual Casualty Company	\$50.00	07-17-2007	14639721

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07-24-2007	07-24-2007

Disposition

Disposition Date: 07-24-2007

Effective Date (New): 10-15-2007

Effective Date (Renewal): 10-15-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
	EMC Choice Equipment Dealers Supplemental Questionnaire	Approved	Yes
Form			

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	EMC Choice Equipment Dealers Supplemental Questionnaire	IL8539	10-07	Other	New		0.00	IL8539_2007 10.pdf

EMC CHOICE EQUIPMENT DEALERS SUPPLEMENTAL QUESTIONNAIRE

(Commercial Insurance Application ACCORD 125 Must Be Attached)

Producer		Name and Mailing Address:		
Code	Subcode	Website Address:		
		Effective Date	Expiration Date	Policy/Account Number:

Contact Name _____ Phone Number _____

SECTION I – GENERAL INFORMATION

- Major line and type of equipment: _____
- Type of merchandise other than equipment: _____
- Please indicate below the total gross sales for the last 12 months:

	New	Used	Repair	Accessories	Rental
Agricultural Equipment	_____	_____	_____	_____	_____
Construction Equipment	_____	_____	_____	_____	_____
Forklift Dealers	_____	_____	_____	_____	_____
Lawn & Garden	_____	_____	_____	_____	_____
All Other	_____	_____	_____	_____	_____

Recreational Vehicle Sales:

ATV _____ Snowmobiles _____ Other Types _____

What is the total number of recreational vehicle units sold annually? _____

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Does the insured have good housekeeping practices? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Does the insured pick up and/or deliver equipment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. What is the radius of travel when transporting? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. When transporting equipment, is the equipment properly secured to vehicles and properly flagged if oversize and overweight? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Does the insured conduct repair/service operations? |
| <input type="checkbox"/> | <input type="checkbox"/> | a. If yes, do they perform any roving repairs? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. If yes, what services are provided? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Is the customer informed about the proper usage of equipment? |
| | | 10. Answer the following questions if other than agricultural equipment is rented/leased to others. |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Is any of the equipment: |
| <input type="checkbox"/> | <input type="checkbox"/> | In use more than 8 hours per day? |
| <input type="checkbox"/> | <input type="checkbox"/> | Left unattended after working hours? |
| <input type="checkbox"/> | <input type="checkbox"/> | Being used in hilly terrain? |
| <input type="checkbox"/> | <input type="checkbox"/> | Being used in swampy areas? |
| <input type="checkbox"/> | <input type="checkbox"/> | Involved in any quarrying or dam construction? |
| <input type="checkbox"/> | <input type="checkbox"/> | Being used in logging or lumbering? |
| <input type="checkbox"/> | <input type="checkbox"/> | Being used in any wrecking operations? |
| <input type="checkbox"/> | <input type="checkbox"/> | Required to be moved more than 25 miles from the base location of the concern renting/leasing the units? |
| <input type="checkbox"/> | <input type="checkbox"/> | Being rented with operator furnished by the insured? |
| | | b. How many units are likely to be rented/leased to a single concern? _____ |

Yes No

- ☐ ☐ 11. Does the insured's rental/lease agreement include a hold harmless agreement?
If yes, please provide a copy with submission and answer the following.
- ☐ ☐ Does the agreement indicate that the customer is to test/examine equipment to assure that all safety mechanisms are in operational order?
- ☐ ☐ 12. In reference to repair/service operations and rental/lease agreements, does the customer sign a statement verifying that all safety devices are in place and working? If so, how long are these signed forms retained by the insured? _____
- ☐ ☐ 13. Is the machinery/equipment rented or leased without operators?

SECTION II – INLAND MARINE / PROPERTY INFORMATION

A. INLAND MARINE ADDITIONAL INFORMATION

1. What is the estimated highest value of an individual piece of equipment sold? \$ _____
2. What is the source of estimated average values? _____
Date of last inventory? _____ How often taken? _____

Yes No

- ☐ ☐ 3. Is any of the stock covered under a floor plan?
From where does the insured obtain its floor plan financing? ☐ Manufacturer ☐ Financial Institution
What interests are insured? _____
- ☐ ☐ 4. If insurance is provided under the floor plan, do the estimated values used in the average rate computation contemplate only the interests to be insured under this policy?
- ☐ ☐ 5. Does the insured require False Pretense Coverage? If yes, indicate a limit in Section II. C. – Coverage F.
- ☐ ☐ 6. Is the False Pretense coverage to include rented equipment?

B. PROTECTION OF MACHINERY/EQUIPMENT

Yes No

(Provide remarks below for all that apply.)

- ☐ ☐ 1. Is guard or watchperson service employed where the machinery/equipment is located and/or stored?
- ☐ ☐ 2. Describe other precautions taken to prevent or deter thefts of equipment from an open lot:
- ☐ ☐ 3. Are recognized approved central station burglar alarms installed and maintained?
- ☐ ☐ 4. Are there any hazardous or flammable materials used or stored on the premises, or storage of large amounts of tires?
- ☐ ☐ 5. Are any of the premises or storage areas subject to flooding or have there been any prior flood losses?
- ☐ ☐ 6. Is the building(s) or any portion of the building(s) equipped with a sprinkler system?
- ☐ ☐ 7. Are there fire doors and fires stops between the various storage areas within the building?
- ☐ ☐ 8. Is the storage building(s) equipped with a recognized approved central station fire alarm system and fire extinguishers?
- ☐ ☐ 9. Are employees trained in fire prevention and their roles in the event of fire?
- ☐ ☐ 10. Are emergency procedures and telephone numbers maintained and known to all employees?

Remarks:

C. INLAND MARINE COVERAGE INFORMATION (If not Blanket, all locations must be individually scheduled on the policy.)

1. Reporting Form desired for Inland Marine? ☐ Yes ☐ No
(Not available w/Peak Season or Blanket Insurance options)

2. Inland Marine Deductible:

☐ \$250 ☐ \$1,000 ☐ \$5,000 ☐ \$15,000
☐ \$500 ☐ \$2,500 ☐ \$10,000 ☐ \$25,000

3. Repairs And Replacement Provision: ☐ 75% ☐ 85% ☐ 95%
☐ 80% ☐ 90% ☐ 100%

4. Limits

Coverage A and B Blanket Insurance (Not available with reporting form or peak season) ☐ Yes ☐ No

Coverage A: Stock-farm tractors, mobile farm equipment, materials handling equipment and construction equipment per description in manual rule **9.a.1) & 9.a.3)**:

			INSIDE	OUTSIDE
Loc: _____	Bldg: _____	\$ _____	\$ _____	
Loc: _____	Bldg: _____	\$ _____	\$ _____	
Loc: _____	Bldg: _____	\$ _____	\$ _____	

Coverage A: Stock – all other merchandise not mentioned above usual to an implement dealer, hardware and implement garage, and implement or materials handling business, or to construction equipment dealers; but excluding self-propelled vehicles designed for highway use, aircraft, inboard or inboard/outboard watercraft, auto homes, mobile homes and animals per description in manual rule **9.a.2) – ALL INSIDE.**

Loc: _____	Bldg: _____	\$ _____
Loc: _____	Bldg: _____	\$ _____
Loc: _____	Bldg: _____	\$ _____

Coverage A: Business Personal Property – Furniture, fixtures, equipment and tenant's improvements and betterments per description in manual rule **9.a.4) – ALL INSIDE.** ☐ Included ☐ Excluded

Loc: _____	Bldg: _____	\$ _____
Loc: _____	Bldg: _____	\$ _____
Loc: _____	Bldg: _____	\$ _____

Note: If replacement cost coverage is to apply to FFE/TI & B then this property is not to be included on Inland Marine. Add as BPP to Commercial Property Coverage (exclude stock).

Coverage B: Personal Property of Others

			INSIDE	OUTSIDE
Loc: _____	Bldg: _____	\$ _____	\$ _____	
Loc: _____	Bldg: _____	\$ _____	\$ _____	
Loc: _____	Bldg: _____	\$ _____	\$ _____	

C. INLAND MARINE COVERAGE INFORMATION (continued)

Coverage C: Transportation-(for hire) Radius of Operations – _____ miles \$ _____

Coverage D: Employee Tools \$ _____

Coverage E: Rented Equipment \$ _____

Farm Equipment \$ _____

Construction Equipment \$ _____

Coverage F: False Pretense \$ _____

Mobile Stock \$ _____

Rented Equipment \$ _____

Coverage G: Peak Season (not available with reporting form or Blanket Insurance options) Loc # _____ \$ _____ From: _____ To: _____

Off Premises Coverages

Property in Transit, Being Demonstrated, or at a Temporary Location..... \$500,000 unless higher limit shown here \$ _____

Property on Exhibit..... \$500,000 unless limit shown here \$ _____

SECTION III – CASUALTY

A. GARAGE COVERAGE

1. MOBILE EQUIPMENT DEALERS – GARAGE RATING BASIS:

Class I – Number of Employees:

Proprietor, partners and active officers of the company _____

Salesperson, general managers, service managers _____

Any employee whose principal duty involves the operation of autos or who are furnished an auto _____

All other Employees _____

Class II – Non Employees

Any individual other than a person described in Class I who is regularly furnished with an auto. _____

Any Non-Employee age 25 or Under Liability Coverage Only _____

Any Non-Employee age 25 or Over Liability Coverage Only _____

2. AUTO

All units are to be included under the Garage Rating Basis. Do not charge separately for physical damage, total all the actual cash value of all the units, to determine the limit of coverage and rate as Dealers Physical Damage.

For underwriting purposes, provide breakdown by classification:

Light Vehicle (GVW 0 – 10,000 lbs) _____ Truck Tractor (GVW 0 – 45,000 lbs) _____

Medium (GVW 10,001 – 20,000 lbs) _____ Extra Heavy Truck Tractor (GVW over 45,000 lbs) _____

Heavy (GVW 20,001 – 45,000 lbs) _____ Trailers (utility and semi) _____

Extra Heavy Trucks (GVW over 45,000 lbs) _____ Other Specialized Equip. (motor homes, travel trailers...) _____

3. COVERAGE FORMS:

- ☒ ECM Choice Garage Program Extension (CA7398)
- ☒ EMC Choice Equipment Dealers' Industry Extension (CA7397) Limit ☐ \$100,000 ☐ \$300,000 ☐ \$500,000
- ☐ Garage Enhancement Extension (CA7400)

B. ADDITIONAL CASUALTY UNDERWRITING INFORMATION

Yes No

(Provide remarks below for all that apply.)

- ☐ ☐ 1. Does the insured sell any specialized equipment?
- ☐ ☐ 2. Does the insured sell any mobile equipment that extends over 60 feet?
- ☐ ☐ 3. What type of training do drivers receive to transport oversized loads?
- ☐ ☐ 4. Does the insured regularly order driving records of those operating insured's vehicles?
- ☐ ☐ 5. What procedure does the insured have in place for employees that do not meet the insurance carrier's driver criteria?
- ☐ ☐ 6. What steps does the insured take to ensure that customers are familiar with equipment purchases?
- ☐ ☐ 7. Are the insured's salespeople required to attend a factory-sponsored sales training course?
- ☐ ☐ 8. Are the mechanics required to be certified and/or trained by the factory?
- ☐ ☐ 9. What measures does the insured take to ensure that all repairs or assembly of customer's equipment and machinery are adequate?
- ☐ ☐ 10. What methods does the insured take to determine the **used** equipment is in proper working condition?
- ☐ ☐ 11. Does the insured perform any welding on premise?
If yes, how much are they performing?
- ☐ ☐ 12. Does the insured perform any welding off premise?
If yes, provide complete details of operations performed and extent.
- ☐ ☐ 13. Any world wide sales or rentals?
a. If yes, what % of sales _____ % rental _____
b. Do they have a separate foreign liability policy for this exposure?
If yes, provide a copy of the policy.
- ☐ ☐ 14. Equipment rented to others:
☐ Rental to the general public or
☐ Industry specific (contractor, farmer)
- ☐ ☐ 15. Does the insured remanufacture, modify or re-design or alter any of the equipment?
- ☐ ☐ 16. Is the equipment manufactured outside the United States?
If yes, does the manufacturer have a foreign liability policy? ☐ Yes ☐ No
If yes, provide a copy of the policy.
If no, do they have a separate foreign liability policy for this exposure? ☐ Yes ☐ No
- ☐ ☐ 17. Does the insured sell any heavy or large pieces of construction equipment?
- ☐ ☐ 18. Does the insured sell any mining or conveyor type equipment?

Remarks:

Completed By

Position

Date

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Approved	07-24-2007
Comments:			
Attachment:			
pctd.pdf			

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---


3. Group Name	Group NAIC #
EMC Insurance Companies	062

4. Company Name(s)	Domicile	NAIC #	FEIN #
Employers Mutual Casualty Company	IA	21415	42-0234980
EMCASCO Insurance Company	IA	21407	42-6070764

5. Company Tracking Number	AR-IL-2007-03
-----------------------------------	----------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Jo L. Byers P.O. Box 712 Des Moines, IA 50303	Filings Analyst	800-247-2128 ext. 2707	515-345-2223	Jo.L.Byers@EMCIns. com

7. Signature of authorized filer	
8. Please print name of authorized filer	Jo L. Byers

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Commercial Interline
10. Sub-Type of Insurance (Sub-TOI)	Commercial Interline
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial Interline
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 10/15/07 Renewal: 10/15/07

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)		
17.	Reference Organization # & Title		
18.	Company's Date of Filing	7/17/07	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed	<input checked="" type="checkbox"/> Pending
		<input type="checkbox"/> Authorized	<input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	AR-IL-2007-03
------------	--	---------------

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

The captioned companies are members of Insurance Services Office (ISO) and are submitting an independent Interline form.

Under separate cover, filings for Commercial Property, Commercial Inland Marine, and Commercial Auto are being submitted. With those filings, we are pleased to introduce an optional coverage, available for EMC Choice Equipment Dealers program business only. Our new program will allow us to target the specific equipment dealers for a program market and allow us to compete in the market.

Concurrent the line of business filings we have created an EMC Choice Equipment Dealers Supplemental Questionnaire to be used with our new program. IL8539 (10-07) – EMC Choice Equipment Dealers Supplemental Questionnaire. This questionnaire supplements the ACORD applications. It requires information related to Equipment Dealers and contains three sections for General Information, Inland Marine/Property, and Casualty.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: Amount: \$50.00 </div> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking # AR-IL-2007-03				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	EMC Choice Equipment Dealers Supplemental Questionnaire	IL8539 (10-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		